

भारतीय संसदेने भारतीय न्याय संहिता २०२३, भारतीय नागरिक सुरक्षा संहिता २०२३ व भारतीय साक्ष अधिनियम २०२३ हे तीन अधिनियम पारित केले आहेत. सदर नविन कायद्यांची अंमलबजावणी दि.१.७.२०२४ पासून होत असल्याची बाब विचारात घेऊन राष्ट्रीय अपराध संशोधन विभाग (N.C.R.B.) यांनी उपरोक्त नविन कायद्यांनुसार C.C.T.N.S. प्रणालीकरिता तयार केलेले सात नमुने विहीत करण्याबाबत.

### महाराष्ट्र शासन

गृह विभाग,

शासन निर्णय क्रमांक : डीएलपी ३६२४/प्र.क्र.८०/पोल-३,  
मंत्रालय, २ रा मजला, मुख्य इमारत, मादाम कामा मार्ग,  
हुतात्मा राजगुरु चौक, मुंबई - ४०० ०३२.  
दिनांक : ०२.०९.२०२४

#### वाचा :-

- अपर पोलीस महासंचालक (कायदा व सुव्यवस्था), महाराष्ट्र राज्य, मुंबई यांचे पत्र क्र.डीजीपी/२३/५४/New ३ Law/८५/२०२४/मुंबई, दि.१७.५.२०२४.
- गृह विभागाची अधिसूचना क्र.सीओएम०९९५/पोल-४/१/पोल-४, दि.१८.३.१९९७.

#### प्रस्तावना :-

भारतीय संसदेने भारतीय न्याय संहिता २०२३, भारतीय नागरिक सुरक्षा संहिता २०२३ व भारतीय साक्ष अधिनियम २०२३ हे तीन अधिनियम पारित केले आहेत. सदर नविन कायद्यांची अंमलबजावणी दि.१.७.२०२४ पासून झाली असल्याने राष्ट्रीय अपराध संशोधन विभाग (N.C.R.B.) यांनी उपरोक्त नविन कायद्यांनुसार C.C.T.N.S. प्रणालीकरिता तयार केलेले सात नमुने अधिसूचित करण्याचा प्रस्ताव अपर पोलीस महासंचालक (कायदा व सुव्यवस्था) यांनी शासनास सादर केला होता. त्यावर सर्वकष विचार विनिमय करून आणि विधि व न्याय विभागाच्या सल्ल्यानुसार राष्ट्रीय अपराध संशोधन विभाग (N.C.R.B.) यांनी उपरोक्त नविन कायद्यांनुसार C.C.T.N.S. प्रणालीकरिता तयार केलेले सात नमुने विहीत करण्यासंदर्भात शासन निर्णय निर्गमित करण्याची बाब शासनाच्या विचाराधिन होती, याबाबत शासनाने खालीलप्रमाणे निर्णय घेतला आहे.

#### शासन निर्णय :

भारतीय संसदेने भारतीय न्याय संहिता २०२३, भारतीय नागरिक सुरक्षा संहिता २०२३ व भारतीय साक्ष अधिनियम २०२३ हे तीन अधिनियम पारित केले आहेत. सदर नविन कायद्यांची अंमलबजावणी दि.१.७.२०२४ पासून झाली असल्याची बाब विचारात घेऊन राष्ट्रीय अपराध संशोधन विभाग (N.C.R.B.) यांनी उपरोक्त नविन कायद्यांनुसार C.C.T.N.S. प्रणालीकरिता सोबत जोडलेल्या विवरणपत्रानुसार तयार केलेल्या सात नमुन्यांना Integrated Form IF-१ ते IF-७ या शासन निर्णयाद्वारे मान्यता देण्यात येत आहे.

यासाठी सात नमुन्यांचे प्रारूप Integrated Form IF-१ ते IF-७ निर्गमित करण्याच्या कार्यवाहीबाबत विधि व न्याय विभागाने U.O.R. to Home Dept. No.७६३/B, dated २३.७.२०२४. अन्वये सहमती दर्शविलेली आहे.

सदर शासन निर्णय महाराष्ट्र शासनाच्या [www.maharashtra.gov.in](http://www.maharashtra.gov.in) या संकेतस्थळावर उपलब्ध करण्यात आला असून त्याचा संकेतांक २०२४०९०२१७४०९५९९२९ असा आहे. हा आदेश डिजीटल स्वाक्षरीने साक्षांकीत करून काढण्यात येत आहे.

महाराष्ट्राचे राज्यपाल यांच्या आदेशानुसार व नावाने,

( रा. ता. भालवणे )  
उप सचिव, महाराष्ट्र शासन

प्रत,

१. मा. राज्यपाल यांचे सचिव, राजभवन, महाराष्ट्र राज्य, मुंबई.
२. मा. मुख्यमंत्री यांचे प्रधान सचिव
३. मा. उपमुख्यमंत्री (गृह) यांचे खाजगी सचिव
४. मा. मुख्य सचिव यांचे सहसचिव
५. मा. प्रबंधक, उच्च न्यायालय, मुंबई
६. अपर मुख्य सचिव (गृह) यांचे वरिष्ठ स्वीय सहायक
७. प्रधान सचिव (विशेष) यांचे वरिष्ठ स्वीय सहायक
८. पोलीस महासंचालक, महाराष्ट्र राज्य, मुंबई.
९. पोलीस महासंचालक, महाराष्ट्र राज्य पोलीस गृहनिर्माण व कल्याण महामंडळ, वरळी, मुंबई.
१०. अपर पोलीस महासंचालक (नि व स), महाराष्ट्र राज्य, मुंबई.
११. अपर पोलीस महासंचालक, राज्य गुन्हे अभिलेख कक्ष, गुन्हे अन्वेषण विभाग, पुणे.
१२. विशेष पोलीस महानिरीक्षक, राज्य गुन्हे अन्वेषण विभाग, महाराष्ट्र राज्य, पुणे.
१३. सह व्यवस्थापकीय संचालक, महाराष्ट्र राज्य पोलीस गृहनिर्माण व कल्याण महामंडळ, मुंबई.
१४. महालेखापाल (लेखा व अनुज्ञेयता/लेखापरीक्षा), महाराष्ट्र १/२, मुंबई/नागपूर
१५. अधिदान व लेखा अधिकारी, मुंबई.
१६. निवासी लेखा परीक्षा अधिकारी, मुंबई.
१७. जिल्हा कोषागार अधिकारी, सर्व.
१८. प्रकल्प संचालक, मे. डेलॉईट प्रा.लि., मुंबई.
१९. प्रकल्प सल्लागार, मे. पीडब्ल्युसी कंपनी, मुंबई.
२०. वित्त विभाग, व्यय-७/ वित्तीय सुधारणा.
२१. कक्ष अधिकारी, अर्थ-१, गृह विभाग.
२२. निवडनस्ती, पोल-३.

## **FORM – IF1 - (Integrated Form)**

4914

## **FIRST INFORMATION REPORT**

(Under Section 173 BNSS)

7. Details of known / suspected / unknown / accused with full particulars  
(Attach separate sheet if necessary):

Accused :

Sr. no.	Name	Alias	Relative name	Present address
---------	------	-------	---------------	-----------------

.....  
.....  
.....

8. Reasons for delay in reporting by the complainant / Informant .....

.....  
.....  
.....

9. Particulars of properties stolen / involved (Attach separate sheet if necessary): .....

Sr. no.	Property Category	Property type	Description	Value
---------	-------------------	---------------	-------------	-------

10. Total value of the properties: .....

11. Inquest Report /U.D. Case No., if any: .....

.....  
.....

12. F.I.R. Contents (Attach separate sheets, if required):

13. Action taken: Since the above information reveals commission of offence (s) u/s as mentioned at Item No.

1., registered the case and took up the investigation .....or

2. Name of I.O. ....Rank ..... to take up the investigation or

3. refused Investigation due to.... or

4. transferred to P.S..... District..... on point of jurisdiction.

F.I.R. read over to the complainant / Informant, admitted to be correctly recorded and copy given to the Complainant / Informant free of cost.

Signature of the Officer-in-charge, Police Station  
Name : .....  
Rank: ..... No. .....

14. Signature /Thumb-impression  
of the complainant / informant

15. Date & time of dispatch to the court:

## **FORM – IF2 - (Integrated Form)**

## **CRIME DETAILS FORM**

1. Dist ..... P.S. ..... Year ..... F.I.R. No. ..... Date .....

2. Sr.No. Act sections

### 3. The place of occurrence shown by :

Name ..... Gender .....

Father's / Husband's Name / Relative name.....

Address: .....

**Email ID.....**

**Phone No.**.....

**TYPE OF CRIME (If applicable)**

(i) Major Head ..... (ii) Minor Head .....

(iii) Modus operandi.....

(iv) Conveyances used: .....

(v) Character assumed: .....

(vi) Language / Slang used: .....

(vii) Special Features.....

(viii) Type of place of occurrence: .....

(vix) Type of property Stolen:

1) .....

#### 5. Particulars of the victims:

6. Motive of Crime.....
7. Details of Properties Stolen/Involved.....  
Sr.No.              Property Type              Property Name
8. Date and Time of visit to the place of occurrence.....  
Sr.No.              Date              Time
9. Description of the place of occurrence.....
10. Details of forensic expert, if any.....  
i) Time when informed.....  
ii) Time when reported on spot.....  
iii) List of samples collected.....
11. Details of videography of crime scene .....
- i) Device used – Mobile/Camera/Others.....  
ii) Description and details .....
12. Description of physical evidences from the scene of crime for the property recovered / seized for the purpose of investigation.....  
Sr.No.              Details of Physical Evidence

1. Witness    Name .....  
Address .....

2. Witness    Name .....  
Address .....

13. Sketch / map of the place of occurrence (attach sketch / map with legends separately, if needed. If to scale, indicate so. May be certified and signed by witnesses, if required)

W.E.T.

14. Gist.....

Signature of the Investigating officer with

Name .....

Rank: .....

Place ..... No.....

Date .....

## **FORM – IF3 - (Integrated Form)**

६९१८-

## **ARREST / COURT SURRENDER MEMO**

(Separate Memo for each accused)

## Camera Roll Scanned Picture

(Paste Photo of accused if Test Identification Parade (TIP) is not be done or after it is over)

1. Dist ..... P.S. ..... Year ..... FIR No. / G.D. No. ..... Date.....  
Alphanumeric code of the Accused ..... (Write A1 to A9 for the first 9 persons,  
B1 for 10<sup>th</sup> persona and so on)

Alphanumeric code of the Accused ..... (write A1 to A9 for the first 9 persons, B1 for 10<sup>th</sup> persona and so on)

Date & Time and place of Arrest / Surrender: Date ..... Time ..... G.D. No. ....

Place of Arrest..... P.S..... District.....

3. Name of the Court (if surrendered): .....

4. Acts and Sections: .....

Sr.No.                              Acts                              Sections

5. Arrested and sent up / Arrested and released on bail or P.R. Bond/Arrested but released on anticipatory bail/ Arrested and remanded to police custody/ Surrendered in court and bailed out / Surrendered in court and sent to judicial custody / Surrendered in court and remanded to Police custody / Arrested u/s 35(7) of BNSS (tick ' ' applicable portion).

#### **Particulars of the Arrested Person:**

- (xi) PAN No.....
- (xii) UID No.....
- (xiii). Religion ..... Caste / Tribe.....
- (xiv). SC/ST /OBC .....
- (xv) Occupation: .....
- (xvi). Permanent address: .....  
..... Dist. .... P.S. ....
- (xvii) Present Address: .....  
..... Dist. .... P.S. ....
- (xviii) NFN

7. Injuries, cause of injuries and physical condition of the arrested person (Indicate if medically examined):

.....

.....

8. The arrested person, after being informed of the grounds of arrest and his legal rights, was duly taken into custody on ..... (date) at ..... (hours)  
 at.....  
 (place). The following article(s) was / were found on physical search, conducted on the person of the arrested person, and were taken into possession for which a receipt was given to the arrested person. If no article found, NIL may be indicated.

1 ..... 2 .....  
 3 ..... 4 .....  
 5 ..... 6 .....

Necessary wearing apparels were left on the arrested person for the sake of human dignity and bodyprotection.

The arrested person was cautioned to keep himself / herself covered for purpose of identification.  
 Intimation given to (Relative/Friends/Any other persons).....

**Name of designated police officer to whom intimation of arrest is given.....**

If no article found, 'Nil' may be indicated in the blank space provided below:

9. Physical features, deformities and other details of the arrested person:

Sex	Date / Year of Birth	Build	Height in Cms.	Complexion	Identification Marks
1	2	3	4	5	6

(For Modus Operandi offences only)

Deformities / peculiarities	Teeth	Hair	Eyes	Habit(s)	Dress habits
7	8	9	10	11	12

Languages / Dialect	PLACE OF				
	Burn Mark	Leucoderma	Mole	Scar	Tattoo
13	14	15	16	17	18

Other features, if any (19)

.....

10. Whether finger-print taken ? .....

11. Socio-economic profile of the arrested person showing:

- (a). Living Status: Living alone or with Family / Relation / Associate in Pucca House / Hotel / Hostel / Kachcha House / Thatched House / Slum or is homeless.
- (b). Educational qualification(s): .....
- (c). Occupation: .....
- (d). Income Group:
- (i). Lower Income (Below Rs. 500/P.M.)
  - (ii). Lower middle Income (From Rs. 501 to Rs. 1000)
  - (iii). Middle Income (From Rs. 1001 to Rs. 2000)
  - (iv). Upper Middle Income (From Rs. 2001 to 3000)
  - (v). Upper Income (above Rs. 3000)

12. Whether the arrested person, as per the observations and known Police records:

- |  |               |
|--|---------------|
| (a) Is dangerous   | Yes/No        |
| (b) Previously escaped any bail  | Yes/No        |
| (c) Is generally armed   | Yes/No        |
| (d) Operates with accomplices  | Yes/No        |
| (e) Has past criminal records  | Yes/No        |
| (f) Is recidivist  | Yes/No        |
| (g) Is likely to escape bail   | Yes/No        |
| (h) If released on bail, is likely to commit another crime<br>Immediately or threaten the victims / witnesses. | Yes/No        |
| (i). Is wanted in any other case   | Yes/No        |
| <b>(j) Whether criminal antecedents ascertained</b>  | <b>Yes/No</b> |

If yes against item (b), (e) or (i) give case reference/sections. Attached separate sheet, if required.

13. Name and address of the witnesses (At least two are necessary)

Sr.No.	Name	Address	Signature
--------	------	---------	-----------

*well*

14. Signature or LTI of arrested person.

Signature of the Investigating officer with:

Place .....  
Date:.....

Name:.....  
Rank:.....  
No., if any:.....

14919

**FORM – IF4 - (Integrated Form)**

Page.....of.....

**PROPERTY SEIZURE MEMO**  
(search / production / recovery u/s..... )

1. Dist. .... P.S. .... Year..... FIR No. / GD No. .... Date.....
2. Sr.No.                  Acts                  Sections
3. Name of property seized / recovered: Stolen/Unclaimed/Unlawful possession / Others:  
a) Date.....  
b) Time.....  
c) Place.....  
d) Description of the place.....
4. Nature of Property seized : (a) Date: ..... (b) Time .....,  
(c) Address of place from where seized / recovered: .....  
.....  
(d) Description of the place of seizure / recovery: .....  
(e) Inform to Magistrate : .....
5. Person from whom recovered:  
Name: ..... Father's/Husband's Name .....  
Age: ..... **Gender**..... Occupation: .....  
Address: .....  
**Email ID**..... **Phone No.**.....
6. Witnesses:  
(i) Name: ..... Father's/Husband's Name .....  
Age: ..... **Gender**..... Occupation: .....  
**Email ID**..... **Phone No.**.....  
Address Type: ..... Address.....  
(ii) Name: ..... Father's/Husband's Name .....  
Age: ..... **Gender**..... Occupation: .....  
Address Type ..... Address.....  
**Email ID**..... **Phone No.**.....
7. Action taken/recommended for disposal of perishable property: .....

8. Action taken / recommended for keeping of valuable property: .....
9. Identification required: Yes /No
10. Details of videography .....
- i) Video upload ..... Date..... Time.....
- ii) Description and details .....
11. Circumstances / grounds for seizure:
12. The above mentioned properties were seized in accordance with the provisions of law in the presence of the above said witnesses / \*\* and a copy of the seizure memo was given to the person / the occupant of the place from whom seized.

The following properties were packed and / or sealed and the signature of the about said witnesses obtained thereon or on the body of the property.

Sl. No.	Property	Signature obtained on the packet or on the body of the property
1	2	3

Specimen of the seal is given below

Signature of the person from whom seized (if present)

Witness -1

Phone No.....  
e-Mail ID.....

.....  
Signature

Signature of the Investigating Officer  
Name: .....  
Rank: ..... No. ....  
Place: ..... Date: .....

Witness-2

Phone No.....  
e-Mail ID.....

.....  
Signature

\*\* In case the property is seized from such a place that no receipt is required to be given to anybody, this portion of the sentence should be struck off.

vijay

## FORM IF5

### FINAL FORM / REPORT (Under Section 193 BNSS)

IN THE COURT OF .....  
Mail Id :- .....

1. Dist: ..... P.S. .... Year ..... FIR No: ..... Date: .....

2. Final Report/Charge-Sheet No: .....

3. Date: .....

4. Sr.No.                      Act:                      Section:  
.....  
.....  
.....

5. Type of final Report: Charge-Sheet/Untraced/Unoccurred/Not Charge-Sheet for want of evidence : .....

6. If F.R. unoccurred: .....

7. If chargesheet: .....

8. Name of the I.O at the time of chargesheet.....

Rank .....

No.....

9.

(a) Name of Complainant / Informant: .....

(b). Father's / Husband's Name: .....

(c). Gender :-.....

(d). Address :-.....

(E). Email Id :-.....

Phone No:-.....

10. Details of properties / Articles / Documents recovered / seized during investigation and relied upon(separate list can be attached, if necessary).

Sl. No	Property description	Estimated value (in Rs.)	P.S. property Register No.	From whom/where recovered or seized	Disposal
1	2	3	4	5	6

11. Particulars of accused persons charge-sheeted:  
(use separate sheet for each accused)

Sr.No.....

- (i). Name: ..... Whether verified.....
- (ii) Father's/Husband's Name: .....
- (iii). Date/Year of Birth: .....
- (iv). **Gender :** ..... (v) Nationality .....
- (vi). Passport No: ..... Date of issue .....
- Place of Issue .....
- (vii). UID No.....
- (viii). Religion: ..... (viii) Whether SC/ST/OBC .....
- (ix). Occupation: .....
- (x). Address: .....

Sr.No.	Address Type	Address
--------	--------------	---------

Whether verified: .....

- (xi). **Email Id :-**.....
- (xii). **Phone No :-**.....
- (xiii) Provisional Criminal No.: .....

(xiv). Regular Criminal no: .....  
(if known)

(xv). Date of arrest: .....

(xvi). Date of release on bail .....

(xvii). Date on which forwarded to Court: .....

(xviii). Under Acts & Sections: .....

Sr.No.	Act	Sections
--------	-----	----------

(xix). Details of bailers/Sureties: .....

Name	Fathers/Husbands Name
------	-----------------------

Occupation

Address

Sr.No.	Address Type	Address
--------	--------------	---------

Identification

Date of Birth

Verd

UID No.

Any other ID proof

Sr.No.

ID Type

ID No.

(xx). Previous convictions with case references: .....

.....  
.....

(xxi). Status of the accused:

Forwarded / Bailed by Police / Under Police Custody / Bailed by Court / In judicial  
Custody / Absconding / proclaimed Offender:

12. Particulars of accused persons – Not charge sheeted (suspected):  
(separate sheet for each suspect)

Sr. No. ....

- (i). Name: ..... Whether verified.....
- (ii). Father's/Husband's Name: .....
- (iii). Date/Year of Birth : .....
- (iv). **Gender :** ..... (v) Nationality: .....
- (vi). Passport No. ..... Date of Issue .....
- Place of Issue .....
- (vii). Religion: ..... whether SC/ST: .....
- (ix). Occupation: .....
- (x). Address: .....
- .....

Whether verified .....

- (xi). Provisional Criminal No: .....
- (xii). **Email Id :-** .....
- (xiii). **Phone No :-** .....

(xiv). Suspicion approved: Yes/No

**(xv). Status of the accused**

Bailed by Police / Bailed by Court / in judicial custody / Absconding / proclaimed offender  
/ Not arrested: .....

.....

(xvi). Under Acts and Sections: .....

(xvii). Any special remarks including reasons for not charge sheeting: .....

L319

13. Particulars of witnesses to be examined:

Sl. No.	Name	Father's/Husband's Name	Date/year of birth	Occupation	Address /Email Id/ Phone No.	Type of evidence to be tendered.
1	2	3	4	5	6	7

14. If F.R. is false, indicate action taken or proposed to be taken u/s **217 / 248 of BNS.:**

.....

15. Result of Laboratory Analysis:

.....

16. Brief facts of the case (Add separate sheet, if necessary)

.....  
.....  
.....  
.....  
.....  
.....  
.....

17. Refer Notice served Yes/No Date: .....

18. Dispatched on .....

19. No. of Enclosures

20. List of enclosures, as annexed

Forwarded by Station House Officer  
Officer/Officer in-charge

Signature of the Investigating officer  
submitting the Final Report / Charge Sheet  
  
Name: .....  
Rank..... No.....

Name: .....  
Rank..... No.....

Lya

FORM IF6

**COURT DISPOSAL MEMO**  
**IN THE COURT OF**

1. Dist ..... P.S..... Year..... F.I.R.No./Proceedings No. .... Date.....

2. Charge-sheet No. .... Date ..... 3. Judicial File / Court Case No. ....

4. Acts & Sections of the Law .....

5. Date of framing charge in Court..... 6. Type of Case: ..... Summon / Warrant

7. Date of Judgement ..... 8. Name(s) of the prosecutor: .....

9. **Details of court disposal in respect of the adult accused persons:**

10. Reasons of Acquittal
11. Other comments/structures passed by the court
12. Appeal preferred

By State/By accused/By complainant

Signature of PP/APP preparing the form

Name

Date

FORM IF7

## RESULT OF APPEAL FORM

- |    |                                     |               |            |                             |                          |
|----|-------------------------------------|---------------|------------|-----------------------------|--------------------------|
| 1. | District .....                      | P.S .....     | Year ..... | FIR No./Proceedings No..... | Date .....               |
| 2. | Charge sheet No .....               | Date .....    |            |                             |                          |
| 3. | Judicial File / Court Case No. .... |               |            |                             |                          |
| 4. | Appellant Party:                    | State/Accused |            |                             |                          |
| 5. | Appeal No.: .....                   |               |            | 6. Date of Appeal: .....    |                          |
| 7. |                                     |               |            |                             | Date of Judgement: ..... |

The column showing “Acts and Sections of Law” onward should be filled up only in case there is change in punishment in case of conviction or when acquittal is set aside, both in respect of adults and juveniles.

9. Any notable observation of the appellate court on the investigation / prosecution/lower courts:
10. Other Comments / strictures passed by the Court:
11. Remarks, particularly in regard to further appeal, if any.

Signature of the P.P./APP preparing the form: .....

Name

Date